

# Oral Surgery: Alveoloplasty and Vestibuloplasty

**Guideline Number:** DCG028.10  
**Effective Date:** October 1, 2024

[➔ Instructions for Use](#)

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<b>Related Dental Policies</b>
<ul style="list-style-type: none"> <li><a href="#">Oral Surgery: Miscellaneous Surgical Procedures</a></li> <li><a href="#">Oral Surgery: Non-Pathologic Excisional Procedures</a></li> </ul>
<b>Related Medical Policy</b>
<ul style="list-style-type: none"> <li><a href="#">Cosmetic and Reconstructive Procedures</a></li> </ul>

## Coverage Rationale

### Alveoloplasty

**Alveoloplasty is indicated for the following:**

- For bone recontouring and smoothing as part of the tooth extraction process
- For bone recontouring and smoothing as a standalone procedure prior to fixed or removable prosthetic construction
- To provide stability for implant placement
- For debulking procedures for pathologic conditions of the bone

**Alveoloplasty may not be indicated for the following:**

- When removing bone would harm vital structures
- When there is diminished volume or atypical architecture of bone
- For individuals who have undergone radiation therapy to the head and neck
- Individuals with an unmanaged medical condition; these conditions include, but are not limited to, metabolic, cardiovascular, and autoimmune/inflammatory, as well as genetic conditions that affect collagen synthesis
- Individuals taking medications that negatively affects the healing response; these include, but are not limited to, immunosuppressive agents, corticosteroids, anticoagulants, NSAIDs, and nicotine

### Vestibuloplasty

**Vestibuloplasty is indicated for the following:**

- Ridge extension, or lowering or altering submucous displacing attachments prior to prosthetic construction
- To complement and complete osseous procedure when reconstructing edentulous bone
- To correct inadequate or inappropriate soft tissue drape where a resection has been previously performed and prosthetic restoration requires improvement
- For overall stability of a dental implant and the maintenance of bone health around an implant

**Vestibuloplasty may not be indicated for the following:**

- Individuals with an unmanaged medical condition; these conditions include, but are not limited to, metabolic, cardiovascular, and autoimmune/inflammatory, as well as genetic conditions that affect collagen synthesis
- Individuals taking medications that negatively affects the healing response; these include, but are not limited to, immunosuppressive agents, corticosteroids, anticoagulants, NSAIDs, and nicotine
- When there is minimal alveolar ridge height
- For individuals who have undergone radiation therapy to the head and neck

## Definitions

**Alveoloplasty:** Surgical procedure for recontouring supporting bone, sometimes in preparation for a prosthesis. (ADA)

**Vestibuloplasty:** Any of a series of surgical procedures designed to increase relative alveolar ridge height. (ADA)

## Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CDT Code	Description
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant
D7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant
D7320	Alveoloplasty not in conjunction with extractions -four or more teeth or tooth spaces, per quadrant
D7321	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant
D7340	Vestibuloplasty – ridge extension (secondary epithelialization)
D7350	Vestibuloplasty – ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)

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## Description of Services

Alveoloplasty is a surgical procedure to recontour and/or smooth out the alveolar bone. This is usually done in areas where teeth have been extracted and there is uneven or sharp edges, to facilitate an optimal foundation for tooth replacement procedures such as removable and fixed prostheses, and implants.

Vestibuloplasty is a surgical procedure designed to restore alveolar ridge height by lowering muscles attaching to the alveolar bone. It is most often seen when preparing the mouth for dentures or an implant.

Pursuant to CA AB2585: While not common in dentistry, nonpharmacological pain management strategies should be encouraged if appropriate.

## References

American Dental Association (ADA) CDT Codebook 2024.

American Dental Association (ADA). Glossary of Dental Clinical and Administrative Terms.

Drew, Stephanie Joy. Atlas of Oral and Maxillofacial Surgery. Elsevier, Inc. 2016. Chapter 13, Alveoloplasty; p. 113-119.

Kerr A, Miller C, Nelson R. Little and Falace's Dental Management of the Medically Compromised Patient, 10th ed. St. Louis: Elsevier c2024. Chapter 1, Patient Evaluation, Risk Assessment, and the Diagnostic Process; p. 1-17.

Murdoch-Kinch CA, Zwetckhenbaum S. Dental management of the head & neck cancer patient treated with radiation therapy. Today's FDA. 2011 Sep-Oct;23(6):40-3.

National Institute of Dental and Craniofacial Research. Oral Complications of Cancer Treatment: What the Dental Team Can Do.

Perciaccante, Vincent J. and Farish, Sam E. Atlas of Oral and Maxillofacial Surgery. Elsevier, Inc. 2016. Chapter 18, Vestibuloplasty; p. 153-169.

## Guideline History/Revision Information

Date	Summary of Changes
10/01/2024	<p data-bbox="337 201 613 233"><b>Coverage Rationale</b></p> <ul data-bbox="337 233 1503 569" style="list-style-type: none"><li data-bbox="337 233 1503 296">• Replaced language stating “Alveoloplasty/Vestibuloplasty <b>is not</b> indicated for the [listed conditions]” with Alveoloplasty/Vestibuloplasty <b>may not be</b> indicated for the [listed conditions]”</li><li data-bbox="337 296 1503 569">• Revised list of conditions for/in which Alveoloplasty and Vestibuloplasty may not be indicated:<ul data-bbox="386 327 1503 569" style="list-style-type: none"><li data-bbox="386 327 1503 422">○ Added “for individuals taking medications that negatively affect the healing response; these include, but are not limited to, immunosuppressive agents, corticosteroids, anticoagulants, NSAIDS, and nicotine”</li><li data-bbox="386 422 1503 569">○ Replaced “for individuals with unmanaged medical conditions <i>that result in excessive or uncontrolled bleeding, reduced resistance to infection, or poor healing response</i>” with “for individuals with an unmanaged medical condition; <i>these conditions include, but are not limited to, metabolic, cardiovascular, and autoimmune/inflammatory, as well as genetic conditions that affect collagen synthesis</i>”</li></ul></li></ul> <p data-bbox="337 569 586 600"><b>Applicable Codes</b></p> <ul data-bbox="337 600 1503 663" style="list-style-type: none"><li data-bbox="337 600 1503 663">• Updated list of applicable CPT codes; removed 40840, 40842, 40843, 40844, 40845, 40899, and 41874</li></ul> <p data-bbox="337 663 667 695"><b>Supporting Information</b></p> <ul data-bbox="337 695 1503 758" style="list-style-type: none"><li data-bbox="337 695 1503 726">• Updated <i>References</i> section to reflect the most current information</li><li data-bbox="337 726 1503 758">• Archived previous policy version DCG028.09</li></ul>

## Instructions for Use

This Dental Coverage Guideline provides assistance in interpreting UnitedHealthcare standard and Medicare Advantage dental plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard dental plan. In the event of a conflict, the member specific benefit plan document governs. Before using this guideline, please check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Dental Coverage Guideline is provided for informational purposes. It does not constitute medical advice.